

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Multiple Layer Cloth for Casino, Gaming and Billiard Tables and Method Therefor the specification of which

(check one) ☒ is attached hereto.

☐ was filed on _____

as Application Serial No. _____

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

(Provisional Application No.)

(Filing Date)

(Provisional Application No.)

(Filing Date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Robert C. Kain, Jr., Reg. No. 30,648; Martin Fleit, Reg. No. 16,900; Jon A. Gibbons, Reg. No. 37,333; Jose Gutman, Reg. No. 35,171; and Steve Bongini, Reg. No. 40,917

Send Correspondence to: Robert C. Kain, Jr., **Customer Number 004897**
Fleit, Kain, Gibbons, Gutman & Bongini, P.L.
750 Southeast Third Avenue, Suite 100
Ft. Lauderdale, Florida 33316-1153

Direct Telephone Calls to: Robert C. Kain, Jr., (954) 768-9002

Ivette Principe

Full name of sole or first inventor

Inventor's signature

Date

Ft. Lauderdale, Florida

Residence

U.S.

Citizenship

1657 N.E. 35th Street

Post Office Address

Ft. Lauderdale, Florida 33334

Full name of second joint inventor, if any

Inventor's signature

Date

Residence

Citizenship

Post Office Address

(Supply similar information and signature for third and subsequent joint inventors.)